

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>67-20432</i>	FILING DATE <i>12-13-01</i>		
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10	1						60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22							72			
23							73			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			

TOTAL DEP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL CLAIMS				
100-1500-3-18				

TOTAL DEP	←	←	←
TOTAL CLAIMS	+	+	+